Form V. S. No. 5.—50M.-9-22-09.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

PLACE OF DEATH.

County of Lycoming

Township of —

or

Borough of —

or

City of Williamsport Pa (No. Park Hotel W 4 St.; 4th Ward.)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

COMMONWEALTH OF PENNSYLVANIA.
BUREAU OF VITAL STATISTICS.
CERTIFICATE OF DEATH.

Registration District No. 179

File No. 17817

Primary Registration District No. 52

Registered No. 79

FULL NAME, Georgina B. Merriman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June (Month) 30 (Day) 1846 (Year)

AGE: 63 years, 7 months, 6 days.

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or Country): Bradford NY.

OCCUPATION: no

NAME OF FATHER: Wm E Crane

BIRTHPLACE OF FATHER (State or Country): State Conn

MAIDEN NAME OF MOTHER: Hannah Morse

BIRTHPLACE OF MOTHER (State or Country): State Conn

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs A C M Quigley

(Address) Bellefonte Pa

Filed Feb 8 1910

R. B. Slaver
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 7 (Day) 1910 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 1909 to Feb 7 1910

that I last saw h[er] alive on Feb 6 1910

and that death occurred, on the date stated above, at 6.45 A. M. The CAUSE OF DEATH was as follows:

Tumor of Omentum
+ Enlargement of Spleen

60 (Duration) Days

Contributory — (Duration) Days

(Signed) E B Campbell M. D.

Feb 7th 1910 (Address) Williamsport Pa

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... ? Days

Where was disease contracted? .....

PLACE OF BURIAL OR REMOVAL: Savona N. Y. | DATE OF BURIAL: Feb 9 1910

UNDERTAKER: H. M. Page | ADDRESS: Williamsport